

104TH CONGRESS
2D SESSION

H. R. 3001

To amend the Public Health Service Act to provide for expanding, intensifying, and coordinating activities of the National Heart, Lung, and Blood Institute with respect to heart attack, stroke, and other cardiovascular diseases in women.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 29, 1996

Ms. WATERS (for herself, Mr. FRAZER, Mr. PAYNE of New Jersey, Mr. McDERMOTT, Ms. NORTON, Mr. FAZIO of California, Mr. CONYERS, Mr. DELLUMS, Mr. GENE GREEN of Texas, Mr. SANDERS, Ms. JACKSON-LEE of Texas, Mrs. MEEK of Florida, Ms. LOFGREN, Ms. PELOSI, Mrs. MALONEY, Mr. ROMERO-BARCELÓ, Mr. PASTOR, Mr. FROST, Mrs. CLAYTON, Mr. FILNER, Mrs. MORELLA, Mr. CLYBURN, Ms. BROWN of Florida, Ms. ROYBAL-ALLARD, Ms. EDDIE BERNICE JOHNSON of Texas, Ms. MCKINNEY, Ms. VELÁZQUEZ, and Mr. FARR of California) introduced the following bill; which was referred to the Committee on Commerce

A BILL

To amend the Public Health Service Act to provide for expanding, intensifying, and coordinating activities of the National Heart, Lung, and Blood Institute with respect to heart attack, stroke, and other cardiovascular diseases in women.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Women’s Cardio-
3 vascular Diseases Research and Prevention Act”.

4 **SEC. 2. FINDINGS.**

5 The Congress finds as follows with respect to women
6 in the United States:

7 (1) Heart attack, stroke, and other cardio-
8 vascular diseases are the leading causes of death in
9 women.

10 (2) Heart attacks and strokes are leading
11 causes of disability in women.

12 (3) Cardiovascular diseases claim the lives of
13 more women each year than does cancer. Each year
14 more than 479,000 females die of cardiovascular dis-
15 eases, while approximately 246,000 females die of
16 cancer. Heart attack kills more than 5 times as
17 many females as breast cancer. Stroke kills twice as
18 many females as breast cancer.

19 (4) One in 5 females has some form of cardio-
20 vascular disease. Of females under age 65, each year
21 more than 20,000 die of heart attacks. In the case
22 of African-American women, from ages 35 to 74 the
23 death rate from heart attacks is approximately twice
24 that of white women and 3 times that of women of
25 other races.

1 (5) Each year since 1984, cardiovascular dis-
2 eases have claimed the lives of more females than
3 males. In 1992, of the number of individuals who
4 died of such diseases, 52 percent were females and
5 48 percent were males.

6 (6) The clinical course of cardiovascular dis-
7 eases is different in women than in men, and cur-
8 rent diagnostic capabilities are less accurate in
9 women than in men. Once a woman develops a car-
10 diovascular disease, she is more likely than a man to
11 have continuing health problems, and she is more
12 likely to die.

13 (7) Of women who have had a heart attack, ap-
14 proximately 44 percent die within 1 year of the at-
15 tack. Of men who have had such an attack, 27 per-
16 cent die within 1 year. At older ages, women who
17 have had a heart attack are twice as likely as men
18 to die from the attack within a few weeks. Women
19 are more likely than men to have a stroke during the
20 first 6 years following a heart attack. More than 60
21 percent of women who suffer a stroke die within 8
22 years. Long-term survivorship of stroke is better in
23 women than in men. Of individuals who die from a
24 stroke, each year approximately 61 percent are fe-
25 males. In 1992, 87,124 females died from strokes.

1 Women have unrecognized heart attacks more fre-
 2 quently than men. Of women who died suddenly
 3 from heart attack, 63 percent had no previous evi-
 4 dence of disease.

5 (8) More than half of the annual health care
 6 costs that are related to cardiovascular diseases are
 7 attributable to the occurrence of the diseases in
 8 women, each year costing this nation hundreds of
 9 billions of dollars in health care costs and lost pro-
 10 ductivity.

11 **SEC. 3. EXPANSION AND INTENSIFICATION OF ACTIVITIES**
 12 **REGARDING HEART ATTACK, STROKE AND**
 13 **OTHER CARDIOVASCULAR DISEASES IN**
 14 **WOMEN.**

15 Subpart 2 of part C of title IV of the Public Health
 16 Service Act (42 U.S.C. 285b et seq.) is amended by insert-
 17 ing after section 424 the following section:

18 “HEART ATTACK, STROKE, AND OTHER CARDIOVASCULAR
 19 DISEASES IN WOMEN

20 “SEC. 424A. (a) IN GENERAL.—The Director of the
 21 Institute shall expand, intensify, and coordinate research
 22 and related activities of the Institute with respect to heart
 23 attack, stroke, and other cardiovascular diseases in
 24 women.

25 “(b) COORDINATION WITH OTHER INSTITUTES.—
 26 The Director of the Institute shall coordinate activities

1 under subsection (a) with similar activities conducted by
2 the other national research institutes and agencies of the
3 National Institutes of Health to the extent that such Insti-
4 tutes and agencies have responsibilities that are related
5 to heart attack, stroke, and other cardiovascular diseases
6 in women.

7 “(c) CERTAIN PROGRAMS.—In carrying out sub-
8 section (a), the Director of the Institute shall conduct or
9 support research to expand the understanding of the
10 causes of, and to develop methods for preventing, cardio-
11 vascular diseases in women. Activities under such sub-
12 section shall include conducting and supporting the follow-
13 ing:

14 “(1) Research to determine the reasons under-
15 lying the prevalence of heart attack, stroke, and
16 other cardiovascular diseases in women, including
17 African-American women and other women who are
18 members of racial or ethnic minority groups.

19 “(2) Basic research concerning the etiology and
20 causes of cardiovascular diseases in women.

21 “(3) Epidemiological studies to address the fre-
22 quency and natural history of such diseases and the
23 differences among men and women, and among ra-
24 cial and ethnic groups, with respect to such diseases.

1 “(4) The development of safe, efficient, and
2 cost-effective diagnostic approaches to evaluating
3 women with suspected ischemic heart disease.

4 “(5) Clinical research for the development and
5 evaluation of new treatments for women, including
6 rehabilitation.

7 “(6) Studies to gain a better understanding of
8 methods of preventing cardiovascular diseases in
9 women, including applications of effective methods
10 for the control of blood pressure, lipids, and obesity.

11 “(7) Information and education programs for
12 patients and health care providers on risk factors as-
13 sociated with heart attack, stroke, and other cardio-
14 vascular diseases in women, and on the importance
15 of the prevention or control of such risk factors and
16 timely referral with appropriate diagnosis and treat-
17 ment. Such programs shall include information and
18 education on health-related behaviors that can im-
19 prove such important risk factors as smoking, obe-
20 sity, high blood cholesterol, and lack of exercise.

21 “(d) AUTHORIZATION OF APPROPRIATIONS.—For the
22 purpose of carrying out this section, there are authorized
23 to be appropriated \$140,000,000 for fiscal year 1997, and
24 such sums as may be necessary for each of the fiscal years
25 1998 and 1999. The authorization of appropriations es-

1 tablished in the preceding sentence is in addition to any
2 other authorization of appropriation that is available for
3 such purpose.”.

